



PTO/SB/22 (06-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) (2882) 203-2750	
Application Number 10/729,677		Filed December 5, 2003	
For ANTIMICROBIAL SUTURE COATING			
Art Unit 1714		Examiner K. Sanders	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$110	\$55 \$ 110.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$420	\$210 \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$950	\$475 \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1480	\$740 \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2010	\$1005 \$
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.	11/05/2004 WASFAW1 00000032 210550 10729677	
<input type="checkbox"/>	A check in the amount of the fee is enclosed.	01 FC:1251 110.00 DA	
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 21-0550. I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 43,513			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34			
Signature <i>Michael R. Brew</i>		Date November 2, 2004	
Typed or printed name Michael R. Brew, Esq.		Telephone Number 631-501-5700	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of 1 forms are submitted.			

CERTIFICATION UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service on date below as first class mail, postpaid in an envelope, addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: November 2, 2004

Jennifer Puentes
Jennifer Puentes